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9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12
13 In the Matter of the Accusation Against:

Case No. 800-2019-053936

14 **TIMOTHY RUPERT DOOLEY, M.D.**
2333 Camino del Rio South, Suite 130
15 San Diego, CA 92108-3607

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
No. G 69284,

17 Respondent.
18

19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
22 (Board).

23 2. On or about July 26, 1990, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 69284 to Timothy Rupert Dooley, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on October 31, 2023, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes ...

5. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

...

STATUTORY PROVISIONS

6. Section 2234 of the Code, states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

1 (b) Gross negligence.

2 (c) Repeated negligent acts. To be repeated, there must be two or more
3 negligent acts or omissions. An initial negligent act or omission followed by a
4 separate and distinct departure from the applicable standard of care shall constitute
5 repeated negligent acts.

6 (1) An initial negligent diagnosis followed by an act or omission medically
7 appropriate for that negligent diagnosis of the patient shall constitute a single
8 negligent act.

9 (2) When the standard of care requires a change in the diagnosis, act, or
10 omission that constitutes the negligent act described in paragraph (1), including, but
11 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
12 licensee's conduct departs from the applicable standard of care, each departure
13 constitutes a separate and distinct breach of the standard of care.

14 ...

15 7. Section 2266 of the Code states:

16 The failure of a physician and surgeon to maintain adequate and accurate
17 records relating to the provision of services to their patients constitutes unprofessional
18 conduct.

19 8. Section 120335 of the Health and Safety Code states:

20 (a) As used in this chapter, "governing authority" means the governing board of
21 each school district or the authority of each other private or public institution
22 responsible for the operation and control of the institution or the principal or
23 administrator of each school or institution.

24 (b) The governing authority shall not unconditionally admit any person as a
25 pupil of any private or public elementary or secondary school, child care center, day
26 nursery, nursery school, family day care home, or development center, unless, prior to
27 his or her first admission to that institution, he or she has been fully immunized. The
28 following are the diseases for which immunizations shall be documented:

(1) Diphtheria.

(2) *Haemophilus influenzae* type b.

(3) Measles.

(4) Mumps.

(5) Pertussis (whooping cough).

(6) Poliomyelitis.

(7) Rubella.

(8) Tetanus.

1 (9) Hepatitis B.

2 (10) Varicella (chickenpox).

3 (11) Any other disease deemed appropriate by the department, taking into
4 consideration the recommendations of the Advisory Committee on Immunization
5 Practices of the United States Department of Health and Human Services, the
6 American Academy of Pediatrics, and the American Academy of Family Physicians.

7 (c) Notwithstanding subdivision (b), full immunization against hepatitis B shall
8 not be a condition by which the governing authority shall admit or advance any pupil
9 to the 7th grade level of any private or public elementary or secondary school.

10 (d) The governing authority shall not unconditionally admit or advance any
11 pupil to the 7th grade level of any private or public elementary or secondary school
12 unless the pupil has been fully immunized against pertussis, including all pertussis
13 boosters appropriate for the pupil's age.

14 (e) The department may specify the immunizing agents that may be utilized and
15 the manner in which immunizations are administered.

16 ...

17 (g) (1) A pupil who, prior to January 1, 2016, submitted a letter or affidavit on
18 file at a private or public elementary or secondary school, child day care center, day
19 nursery, nursery school, family day care home, or development center stating beliefs
20 opposed to immunization shall be allowed enrollment to any private or public
21 elementary or secondary school, child day care center, day nursery, nursery school,
22 family day care home, or development center within the state until the pupil enrolls in
23 the next grade span.

24 (2) For purposes of this subdivision, "grade span" means each of the following:

25 (A) Birth to preschool.

26 (B) Kindergarten and grades 1 to 6, inclusive, including transitional
27 kindergarten.

28 (C) Grades 7 to 12, inclusive.

(3) Except as provided in this subdivision, on and after July 1, 2016, the
governing authority shall not unconditionally admit to any of those institutions
specified in this subdivision for the first time, or admit or advance any pupil to 7th
grade level, unless the pupil has been immunized for his or her age as required by this
section.

...

9. Section 120370 of the Health and Safety Code states:¹

¹ Effective January 1, 2016, through December 31, 2019, Health and Safety Code section 120370, subdivision (a), stated: "If the parent or guardian files with the governing authority a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances, including, but not limited to, family medical history, for which the physician does not recommend immunization, that child shall be exempt from the requirements of Chapter 1 (commencing with Section 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 to the extent indicated by the physician's statement."

1 (a) (1) Prior to January 1, 2021, if the parent or guardian files with the
2 governing authority a written statement by a licensed physician and surgeon to the
3 effect that the physical condition of the child is such, or medical circumstances
4 relating to the child are such, that immunization is not considered safe, indicating the
5 specific nature and probable duration of the medical condition or circumstances,
6 including, but not limited to, family medical history, for which the physician and
7 surgeon does not recommend immunization, that child shall be exempt from the
8 requirements of this chapter, except for Section 120380, and exempt from Sections
9 120400, 120405, 120410, and 120415 to the extent indicated by the physician and
10 surgeon's statement.

11 (2) Commencing January 1, 2020, a child who has a medical exemption issued
12 before January 1, 2020, shall be allowed continued enrollment to any public or
13 private elementary or secondary school, child care center, day nursery, nursery
14 school, family day care home, or developmental center within the state until the child
15 enrolls in the next grade span.

16 For purposes of this subdivision, "grade span" means each of the following:

17 (A) Birth to preschool, inclusive.

18 (B) Kindergarten and grades 1 to 6, inclusive, including transitional
19 kindergarten.

20 (C) Grades 7 to 12, inclusive.

21 (3) Except as provided in this subdivision, on and after July 1, 2021, the
22 governing authority shall not unconditionally admit or readmit to any of those
23 institutions specified in this subdivision, or admit or advance any pupil to 7th grade
24 level, unless the pupil has been immunized pursuant to Section 120335 or the parent
25 or guardian files a medical exemption form that complies with Section 120372.

26 (b) If there is good cause to believe that a child has been exposed to a disease
27 listed in subdivision (b) of Section 120335 and the child's documentary proof of
28 immunization status does not show proof of immunization against that disease, that
child may be temporarily excluded from the school or institution until the local health
officer is satisfied that the child is no longer at risk of developing or transmitting the
disease.

29 COST RECOVERY

30 10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
31 administrative law judge to direct a licensee found to have committed a violation or violations of
32 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
33 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
34 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
35 included in a stipulated settlement.

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DEFINITIONS

11. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member of good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

12. Contraindications are conditions in a recipient that increase the risk for a serious adverse reaction.

13. Contraindications and precautions (which may be relative) are conditions under which medical exemptions are appropriate.

14. Polio, or poliomyelitis, is a disabling and life-threatening disease caused by the poliovirus. The virus spreads from person to person and can infect a person's spinal cord, causing paralysis. Paralysis, in turn, can lead to permanent disability and death.

15. The MMR vaccine protects against measles, mumps and rubella. Measles is highly contagious and especially dangerous for babies and young children. It can lead to pneumonia, lifelong brain damage, deafness and death.

16. The DTaP vaccine protects against diphtheria, tetanus, and pertussis (whooping cough). Diphtheria is a serious infection of the throat that can block the airway and cause severe breathing problems. Pertussis is a respiratory illness with cold-like symptoms that lead to severe coughing (the "whooping" sound happens when a child breathes in deeply after a severe coughing fit). Serious complications can affect children under 1 year old, and those younger than 6 months old are especially at risk. Teens and adults with a lasting cough might have pertussis and not realize it, and could pass it to vulnerable infants.

17. The Tdap vaccine is a booster immunization given at age 11 that offers continued protection from diphtheria, tetanus, and pertussis for adolescents and adults.

18. Meningitis is an inflammation (swelling) of the protective membranes covering the brain and spinal cord. Bacterial meningitis can be deadly and requires immediate medical attention.

1 19. Varicella, also known as chickenpox, is a very contagious disease caused by the
2 varicella-zoster virus (VZV). It causes a blister-like rash, itching, tiredness, and fever.
3 Chickenpox used to be very common in the United States. Serious complications of chickenpox
4 can lead to hospitalization and death.

5 20. Hepatitis A is a serious liver disease. In rare cases, hepatitis A can cause liver failure
6 and death. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can
7 lead to a serious, lifelong illness.

8 21. The Hib vaccine protects against *haemophilus influenzae* type b, a disease that can
9 cause serious illness and death in babies and children younger than 5 years old. Hib can cause
10 severe infections of both the lining of the brain and spinal cord (meningitis) and the bloodstream.

11 22. Influenza (flu) is a contagious respiratory illness caused by influenza viruses that can
12 cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or
13 death, particularly in older people, young children, and people with certain health conditions.

14 23. The pneumococcal vaccine ("PCV") helps prevent pneumococcal disease, which is
15 any type of illness caused by *Streptococcus pneumoniae* bacteria. Pneumococcal disease is
16 contagious and can lead to various health problems, including serious infections in the lungs,
17 lining of the brain and spinal cord, and blood. Pneumococcal disease is especially dangerous for
18 babies, older adults, and people with certain health conditions.

19 24. The HPV vaccine protects against the human papillomavirus, a very common virus
20 that can lead to cancer.

21 FACTUAL ALLEGATIONS

22 25. Respondent is a licensed physician and surgeon who practices homeopathy in solo
23 practice.

24 26. The standard of care is to provide all children immunizations for vaccine preventable
25 diseases in accordance with the Advisory Committee on Immunization (ACIP) guidelines.

26 27. Vaccine exemptions are provided for serious adverse reactions (including
27 anaphylaxis) to previously administered vaccines.

28 ////

1 28. An adverse reaction to an immunization in a first degree relative is not an indicated
2 reason for vaccine exemption.

3 29. When there is a report of an adverse reaction by a patient to a particular vaccine, it is
4 standard of care to obtain a detailed history to transcribe into the patient's medical records.
5 Additionally, an attempt should be made to identify the agent responsible for the reaction and
6 refer the patient to an allergist. An anaphylactic reaction would likely lead to a contraindication
7 for the causative vaccine and to other vaccines in which the same causative agent has been
8 identified and is present.

9 30. There is no single component that is common to all vaccines.

10 31. There is no precaution or contraindication that would apply to all vaccines,
11 permanently.

12 32. Allergic rhinitis, allergies, attention deficit hyperactivity disorder (ADHD), eczema,
13 autism spectrum disorder, learning disabilities, and/or neurodevelopmental disorders are not
14 indications by the Center for Disease Control (CDC) for vaccine exemptions, including the Polio,
15 DTaP, vaccine, MMR, HiB, Hepatitis B, Varicella, Tdap, and all other vaccines.

16 33. When vaccine exemptions are requested, the standard of care is for the provider to
17 have a discussion with the caretaker regarding risks versus benefits for the immunization.

18 34. During the period February 27, 2016, to August 27, 2019, Respondent issued vaccine
19 exemptions to at least twenty-five (25) students within the San Dieguito Unified School District,
20 of which twenty-two (22) were global, covering all vaccines, and permanent. Included among
21 these twenty-five students who received global, permanent vaccine exemptions are Patient A,
22 Patient B, Patient C, and Patient D.²

23 35. Respondent's records of Patient A, Patient B, Patient C, and Patient D contain
24 multiple handwritten, mostly illegible, progress notes.

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28 ² The identity of the patients is known to all parties but not disclosed herein for privacy reasons.

Patient A:

36. Patient A is a male, born in 2013. Respondent's chart for Patient A includes progress notes for four (4) visits and three permanent and global vaccination exemptions.

37. On or about April 13, 2016, Patient A, then aged 3 years old, presented to Respondent with his parents. Respondent's progress note for the visit indicates that Patient A's parents were very concerned about immunizations and that Patient A had a history of poor speech development.

38. An immunization chart apparently dated April 23, 2016, shows that Patient A was up to date on his immunizations at that time, only missing his yearly influenza vaccine, one MMR vaccine and one varicella vaccine. His most recent vaccinations had been on or about September 17, 2014.

39. A medical history for Patient A, apparently completed by his parent(s), lists Patient A's current health problems as eczema and cow's milk protein intolerance. The section for immunizations and reactions thereto is left blank.

40. Patient A returned to Respondent on or about August 23, 2016, for an exemption evaluation. Respondent reviewed Patient A's immunization record and recorded his diagnosis as "history of severe vaccine reaction, injury." Respondent's brief progress note for this visit does not identify the vaccine(s) which caused the injury, which is described as "[.....] injury x 2d; developmental regression, [decreased] speech/[.....]." No further details of the injury are provided. Respondent's plan states "exemption written."

41. On or about August 23, 2016, Respondent issued the following vaccine exemption ("the 2016 exemption") to Patient A, then aged three (3) years old:

[Patient A] ... is a patient of mine. The physical condition and medical circumstances of this patient are such that he is exempt from all immunizations including, but not limited to, the following:

Polio, Diphtheria, Tetanus, Pertussis, Measles, Rubella, Mumps, HIB, Hepatitis, B, and Varicella.

[Patient A] has a permanent medical exemption from all immunizations required for school, as listed above, as well as any other immunizations not listed.

1 42. On or about December 5, 2017, Patient A again presented to Respondent.
2 Respondent's brief progress note for this visit states "history of severe reaction to 12 month shot,
3 fever/[.....]. A few additional, short, cryptic but illegible, notes are also on the progress note.
4 Respondent completes the school physical examination form and provides Patient A (then four
5 years old) with a vaccine exemption, permanently exempting him from all vaccines ("the 2017
6 exemption").

7 43. Patient A again presented to Respondent on or about September 20, 2019. The
8 medical reason for this visit is not clearly documented on Respondent's progress note for this
9 visit, or is illegible if documented. Other largely illegible items on the progress note include
10 Patient A's birth history, medications, and family history. Patient A's physical exams appear to
11 all be normal. At the end of the progress note, Respondent writes "CDC vaccine information
12 shared." Respondent's diagnosis is a history of neurodevelopmental regression with vaccination.

13 44. A separate document in Patient A's chart, also dated September 20, 2019, is headed
14 "Family History Summary." According to this document, Patient A's acute adverse vaccine
15 reaction(s) include "poss. encephalitis, started falling when walking, [.....] unresponsiveness."
16 The signs and symptoms of neurodevelopmental regression are not clearly documented in the
17 patient's medical records.

18 45. The Family History Summary also lists Patient A's relatives "with predisposing
19 condition." These are his mother and aunt, who both have eczema, and his maternal cousin who
20 has ADHD.

21 46. On or about September 20, 2019, Respondent issued a vaccine exemption to
22 Patient A, then aged approximately six (6) years old, permanently exempting him from all
23 vaccines ("the 2019 exemption"). Respondent noted the medical circumstances for which the
24 exemption was issued as: History of neurodevelopmental regression after vaccination.

25 47. It is unclear from Patient A's chart which vaccine was attributed by Respondent as
26 the cause of Patient A's alleged neurodevelopmental regression.

27 48. No discussion of the risks and benefits of vaccine administration is documented prior
28 to granting the 2016, 2017, or 2019 exemptions.

1 Patient B:

2 49. Patient B is a male, born in 2004. It appears from Respondent's chart for Patient B
3 that he has never been vaccinated.

4 50. Patient B's chart contains multiple handwritten progress notes that are mostly
5 illegible.

6 51. A medical history completed by Patient B's parent(s) is also found in the chart,
7 apparently completed when Patient B was aged 7 months old.

8 52. Patient B's chart also contains email correspondence between the Respondent and
9 Patient B's mother. On or about February 19, 2014, Patient B's mother sent the following email
10 to the Respondent:

11 Hi Dr. Dooley,

12 I wanted to ask your advice. Apparently there is an outbreak of the Measles, and
13 unvaccinated children are being sent home from school for two to three weeks. This
14 hasn't affected my kids yet, but I'm wondering if this is going to become an issue
15 since they are not vaccinated.

16 Do you have any suggestions or concerns I should keep in mind right now,
17 considering they are not vaccinated and could become exposed?

18 53. On the same date, Respondent emailed his response to Patient B's mother, saying:

19 There has been so little measles that I have little personal experience. However, the
20 old-timers all said to give Pulsatilla as homeoprophylaxis. This means to give a
21 dose (of perhaps 30c) every week or so during an outbreak to prevent illness.

22 So that is what I would do.

23 Best, Dr. Dooley

24 54. Diagnosing Pulsatilla as prophylaxis during a measles outbreak is not standard of
25 care.

26 55. An email from Patient B's mother dated March 24, 2016, states:

27 Hello, Dr. Dooley,

28 It has been a while since we have last been in your office. I hope this e-mail finds
you well. I was hoping to get your take on this new immunization requirement for
San Diego city schools. I am very concerned, as [Patient B] has already hit the
"checkpoint" in which he would now be required to get vaccinations to continue on
with school. I was wondering if you could lend me some advice or information, as I
am being told he will not be allowed to attend school next year and they will not

1 allow me to renew his Personal Beliefs Exemption. Any feedback or referrals to
2 resources would be appreciated.

3 56. Respondent replied by email dated March 25, 2016, as follows:

4 Hi [Patient B's mother],

5 I have no problem giving him a medical exemption since his risk of bad effects
6 from the shots are higher than his risk of the diseases.

7 Just make an appointment as needed and we will square it away.

8 57. A very short note dated July 2, 2016, briefly documents a physical exam and includes
9 only two additional lines of writing. The diagnosis is "immunization risk" and Respondent's plan
10 is to provide an immunization exemption.

11 58. On or about July 2, 2016, Respondent issued the following vaccine exemption ("the
12 2016 exemption") to Patient B, then aged eleven (11) years old:

13 [Patient B] ... is a patient of mine. The physical condition and medical
14 circumstances of this patient are such that all of the following immunizations are
15 not indicated:

16 Polio, Diphtheria, Tetanus, Pertussis, Measles, Rubella, Mumps, HIB, Hepatitis, B,
17 and Varicella.

18 [Patient B] has a permanent exemption from all immunizations required for school,
19 as listed above, as well as any other immunizations not listed.

20 59. Patient B next presented to Respondent on November 6, 2019. Respondent's
21 progress note for this visit is largely illegible but includes the comment "good health; eczema as
22 baby." Respondent's diagnosis is "family history of autoimmune disease, neurodevelopmental
23 disorder with vaccines." Respondent's plan is to "update exemption."

24 60. The Family History Summary (also dated November 6, 2019) in Patient B's chart lists
25 six relatives who each have a "predisposing condition," including a half-brother with ADHD and
26 learning disabilities, paternal cousin with autism spectrum disorder, cousin with ADHD, maternal
27 grandfather with allergies, paternal uncle with learning disabilities, and a paternal aunt with
28 allergic rhinitis.

61. On or about November 6, 2019, Respondent issued a vaccine exemption ("the 2019
exemption") to Patient B, then aged approximately fifteen (15) years old, permanently exempting
him from all vaccines. Respondent noted the medical circumstances for which the exemption was

1 issued as: "Family history of autoimmune disease, neurodevelopmental disorders after
2 vaccination."

3 62. It is not clear from Respondent's chart for Patient B which vaccine is thought to have
4 caused the sequelae in Patient B's family member(s).

5 63. It appears from Patient B's chart that, as of March 2, 2022 (aged 18 years old) he had
6 not received any vaccinations nor experienced any adverse reaction(s) to any vaccine.

7 Patient C:

8 64. Patient C is a female, born in 2014.

9 65. A medical history provided by Patient C's mother, dated October 18, 2018, indicates
10 Patient C was vaccinated on January 19, 2015, after which she "broke out in [...] itchy red bumps
11 all over body, high fever, sore all over, crying alot [stet], trouble feeding, just a really bad
12 reaction after recieving [stet] vaccine." The form indicates that Patient C suffers from no health
13 problems "other then [stet] that really bad reaction after her vaccinations[.]" (Editorial comments
14 not in original.)

15 66. According to Respondent's chart for Patient C, she presented to him only at a single
16 visit, namely, December 5, 2018, when she was 4 years old.

17 67. Patient C's chart contains two temporary, global vaccination exemptions issued by
18 the Respondent that predate the single office visit in December 2018. The first of these is dated
19 (what appears to be) August 31, 2018, and is "temporary pending medical evaluation on March
20 16, 2019." Patient C's chart provides no justification or explanation for this global, temporary
21 exemption or any indication as to how it came to be issued. The second temporary exemption is
22 dated October 27, 2018, and is apparently based on a "history of severe vaccine reaction, family
23 history of vaccine injury." Patient C's chart provides no explanation for the expiration date of
24 December 6, 2018, and no indication of how this exemption came to be issued.

25 68. A Family History Summary (dated December 5, 2018) in Patient C's chart indicates
26 that she had an adverse vaccine reaction, namely, a rash for two to three weeks with "severe
27 breakout" and her father had previously experienced "seizure with vaccination." The vaccine(s)
28 that are believed to have caused these alleged reactions are not identified.

1 69. The rash alone does not qualify as anaphylaxis or a severe reaction to an
2 immunization. The fevers and soreness that are described by Patient C's mother are not life-
3 threatening or an indication for vaccine exemption.

4 70. The Family History Summary indicates Patient C has a single relative with a
5 "predisposing condition," namely, a paternal cousin who has ADHD.

6 71. Respondent's progress note for December 5, 2018, is largely illegible. It appears to
7 contain some limited family medical history and a brief physical examination. A single line
8 states "CDC vaccine information [....]." Respondent's diagnosis is "history of severe vaccine
9 reaction; family [history?] vaccine injury/autoimmune disease. His plan is "vaccine exemption."

10 72. On or about November 5, 2018,³ Respondent issued a vaccine exemption to Patient
11 C, then aged approximately four (4) years old, permanently exempting her from all vaccines.
12 Respondent noted the following medical circumstances for which the exemption was issued:

13 History of severe vaccine reaction, family history of vaccine injury,
14 neurodevelopmental disorders

15 73. Patient C's chart contains no indication of which vaccine(s) is/are alleged to have
16 caused which particular reaction in which of Patient C's family members, nor any precise
17 description of the alleged vaccine injury and/or signs and symptoms of the alleged neuro-
18 developmental disorders.

19 74. No discussion of the risks and benefits of vaccine administration is clearly
20 documented prior to granting the two temporary exemptions to all vaccines, or the permanent,
21 global exemption in 2018.

22 Patient D:

23 75. Patient D is a female, born in 2011.

24 76. On or about March 29, 2016, then aged 4 ½ years, Patient D presented to Respondent
25 with her mother, for the first time.

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27 _____
28 ³ Based on other information in the chart, the handwritten date of this vaccine exemption
could possibly be (or intended to be) December 5, 2018.

1 77. Patient D's medical history (as completed by her mother) is found in Patient D's chart
2 and indicates that Patient D had the pneumococcal vaccine four years earlier, on February 29,
3 2012, after which she experienced "wheezing and itching." According to the medical history
4 provided by Patient D's mother, Patient D was "lethargic [*stet*] that week complaining her bones
5 were aching and hurting (stiff walking) fever, all over body rash." (Editorial comment added.)
6 This document also notes that Patient D's father experienced "learning delays after vaccinations."

7 78. Patient D's chart also contains a Family History Summary on which her adverse
8 vaccine reaction (to an unnamed vaccine) is described as: "airway restriction/lethargy/stopped
9 walking x 2 months, no [...] In addition, Patient D's maternal uncle reportedly experienced a "2
10 month loss of writing [...], crossed eyes, [...]" The Family History includes that Patient D's
11 father has the "predisposing condition" of learning disabilities, while a cousin of Patient D has a
12 neurodevelopmental disorder.

13 79. The progress note for the visit on or about March 29, 2016, is largely illegible. s chart
14 Respondent does not provide a definitive diagnosis of Patient D's reported reaction to the
15 vaccine. He does not identify the component that may have caused the reported reaction, nor
16 does he refer Patient D to an allergist. Respondent's diagnosis is "family history of bad
17 immunization reaction," and GERD. His plan includes issuing a vaccine exemption.

18 80. On or about March 29, 2016, Respondent issued the following vaccine exemption to
19 Patient D, then aged four (4) years old:

20 [Patient D's] ... physical condition and medical circumstances are such that all
21 immunizations including the following required immunizations are not indicated:
22 Polio, Diphtheria, Tetanus, Pertussis, Measles, Rubella, Mumps, HIB, Hepatitis B,
23 and Varicella.

24 [Patient D] has a permanent exemption from all immunizations including those
25 required for school (listed above) and any other immunization.

26 81. No discussion of the risks and benefits of vaccine administration is documented prior
27 to granting the permanent, global exemption in March 2016. s chart

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 82. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined
4 by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care
5 and treatment of Patient A, Patient B, Patient C, and/or Patient D, which includes, but is not
6 limited to, the following:

7 **Patient A:**

8 83. Paragraphs 25 through 48, above, are hereby realleged and incorporated by this
9 reference as if fully set forth herein.

10 84. In exempting Patient A from all vaccines, permanently, with the 2016 exemption,
11 Respondent failed to follow the ACIP recommendations for childhood immunizations and/or
12 failed to document a precise description of the signs and symptoms of a qualifying post-
13 vaccination reaction and/or identify the causative vaccine and/or component.

14 85. In exempting Patient A from all vaccines, permanently, with the 2017 exemption,
15 Respondent failed to follow the ACIP recommendations for childhood immunizations and/or
16 failed to document a precise description of the signs and symptoms of a qualifying post-
17 vaccination reaction and/or identify the causative vaccine and/or component.

18 86. In exempting Patient A from all vaccines, permanently, with the 2019 exemption,
19 Respondent failed to follow the ACIP recommendations for childhood immunizations and/or
20 failed to document a precise description of the signs and symptoms of a qualifying post-
21 vaccination reaction and/or identify the causative vaccine and/or component.

22 87. Respondent failed to maintain adequate and accurate records of his care and treatment
23 of Patient A.

24 **Patient B:**

25 88. Paragraphs 25 through 35, and 49 through 63, above, are hereby realleged and
26 incorporated by this reference as if fully set forth herein.

27 89. In exempting Patient B from all vaccines, permanently, with the 2016 exemption,
28 Respondent failed to follow the ACIP recommendations for childhood immunizations and/or

1 failed to document a precise description of the signs and symptoms of a qualifying post-
2 vaccination reaction and/or identify the causative vaccine and/or component.

3 90. In exempting Patient B from all vaccines, permanently, with the 2019 exemption,
4 Respondent failed to follow the ACIP recommendations for childhood immunizations and/or
5 failed to document a precise description of the signs and symptoms of a qualifying post-
6 vaccination reaction and/or identify the causative vaccine and/or component.

7 91. Respondent failed to maintain adequate and accurate records of his care and treatment
8 of Patient B.

9 Patient C:

10 92. Paragraphs 25 through 35, and 64 through 74, above, are hereby realleged and
11 incorporated by this reference as if fully set forth herein.

12 93. In exempting Patient C from all vaccines, permanently, Respondent failed to follow
13 the ACIP recommendations for childhood immunizations and/or failed to document a precise
14 description of the signs and symptoms of a qualifying post-vaccination reaction and/or identify
15 the causative vaccine and/or component.

16 94. Respondent failed to maintain adequate and accurate records of his care and treatment
17 of Patient C.

18 Patient D:

19 95. Paragraphs 25 through 35, and 75 through 81, above, are hereby realleged and
20 incorporated by this reference as if fully set forth herein.

21 96. In exempting Patient D from all vaccines, permanently, Respondent failed to follow
22 the ACIP recommendations for childhood immunizations and/or failed to document a precise
23 description of the signs and symptoms of a qualifying post-vaccination reaction and/or formally
24 diagnose the reaction and/or identify the causative agent.

25 97. Respondent failed to maintain adequate and accurate records of his care and treatment
26 of Patient D.

27 ////

28 ////

1 alleged in paragraphs 25 through 106, above, which are hereby realleged and incorporated by this
2 reference as if fully set forth herein.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 **(General Unprofessional Conduct)**

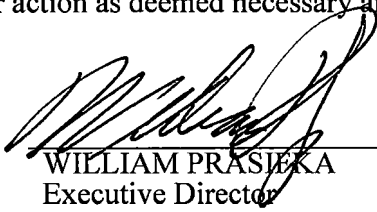
5 108. Respondent is further subject to disciplinary action under section 2234 of the Code in
6 that he has engaged in conduct which breaches the rules or ethical code of the medical profession,
7 or conduct that is unbecoming to a member in good standing of the medical profession, and which
8 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 25
9 through 107, above, which are hereby realleged and incorporated by this reference as if fully set
10 forth herein.

11 **PRAYER**

12 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
13 and that following the hearing, the Medical Board of California issue a decision:

- 14 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 69284,
15 issued to Respondent Timothy Rupert Dooley, M.D.;
- 16 2. Revoking, suspending or denying approval of Respondent Timothy Rupert Dooley,
17 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 18 3. Ordering Respondent Timothy Rupert Dooley, M.D., to pay the Board the costs of the
19 investigation and enforcement of this case, and if placed on probation, the costs of probation
20 monitoring; and
- 21 4. Taking such other and further action as deemed necessary and proper.

22
23 DATED: **MAR 10 2022**

24 
25 WILLIAM PRASIEKA
26 Executive Director
27 Medical Board of California
28 Department of Consumer Affairs
State of California
Complainant